☾ Measure #223: Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments

2011 PHYSICIAN QUALITY REPORTING OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the neck, cranium, mandible, thoracic spine, ribs or other general orthopedic impairment in which the change in their Risk-Adjusted Functional Status is measured

INSTRUCTIONS:
This outcomes measure is to be reported once per treatment episode for all patients with a functional deficit related to the neck, cranium, mandible, thoracic spine, ribs or other general orthopedic impairment. This is an outcomes measure and its calculation requires reporting of the patient's functional status score, as a minimum, at admission to and again at discharge from an episode of rehabilitation. The admission score, estimated using patient self-report surveys, is recorded during the first rehabilitation treatment encounter and the discharge score is recorded at or near the conclusion of the final rehabilitation treatment encounter. It is anticipated that physical and occupational therapists providing treatment for functional neck, cranium, mandible, thoracic spine, ribs or other general orthopedic deficits will report this measure.

Definitions:
Treatment Episode – A Treatment Episode is defined as beginning with an Admission for a functional neck, cranium, mandible, thoracic spine, ribs or other general orthopedic deficit, progressing to development of a plan of care, including treatment, without interruption of care (for example a hospitalization or surgical intervention), and ending with Discharge from clinical care by the Eligible Professional. A patient currently under clinical care for a neck, cranium, mandible, thoracic spine, ribs or other general orthopedic deficit remains in a single episode of care until the Discharge is conducted and documented by the Eligible Professional.
Admission – An Admission is the first encounter for a functional deficit involving the neck, cranium, mandible, thoracic spine, ribs or other general orthopedic impairment and includes an evaluation (CPT 97001 or 97003) and development of a plan of care by the Eligible Professional. A patient presenting with a neck, cranium, mandible, thoracic spine, ribs or other general orthopedic impairment, who has had an interruption of a Treatment Episode for the same functional neck, cranium, mandible, thoracic spine, ribs or other general orthopedic deficit secondary to an appropriate reason like hospitalization or surgical intervention, is a new Admission.
Discharge – Discharge is accompanied by a re-evaluation (CPT 97002 or 97004) identifying the close of a Treatment Episode for the same neck, cranium, mandible, thoracic spine, ribs or other general orthopedic deficit identified at admission and documented by a discharge report by the Eligible Professional. An interruption in clinical care for an appropriate reason like hospitalization or surgical intervention requires a discharge from the current Treatment Episode.

Encounter – A face to face visit between the patient and the provider for the purpose of assessing and/or improving a functional deficit.
Patient Reported – The patient directly, or through a proxy, provides answers to functional status survey items using standardized, reliable and valid, computerized adaptive testing or paper and pencil survey methods.

Measure Reporting via Registry:
CPT codes, patient demographics, and functional deficits are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure. The quality-data codes have been provided for registry only measures for use by registries that utilize claims data. It is not necessary to submit these codes for registry-based submissions. Do not report this measure via claims.

DENOMINATOR:
All patients aged 18 years and older who receive a treatment episode for a functional deficit related to the neck, cranium, mandible, thoracic spine, ribs or other general orthopedic impairment

Option 1 – Physical Therapy Denominator Criteria (Eligible Cases):
All patients aged ≥ 18 years on date of encounter
AND
Patient encounter during the reporting period (CPT) identifying evaluation: 97001
AND
Patient encounter during the reporting period (CPT) identifying re-evaluation: 97002
AND
Functional deficit affecting neck, cranium, mandible, thoracic spine, ribs or other general orthopedic impairment

OR

Option 2 – Occupational Therapy Denominator Criteria (Eligible Cases):
All patients aged ≥ 18 years on date of encounter
AND
Patient encounter during the reporting period (CPT) identifying evaluation: 97003
AND
Patient encounter during the reporting period (CPT) identifying re-evaluation: 97004
AND
Functional deficit affecting neck, cranium, mandible, thoracic spine, ribs or other general orthopedic impairment

NUMERATOR:
Patients presented FOTO's Functional Intake Survey for the Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairment at admission and FOTO's Functional Status Survey at discharge for the purpose of calculating the patient's Risk-adjusted Functional Status Change Residual Score

Definitions:

Patient's Functional Status Score – A functional status score is produced when the patient completes the FOTO functional status survey (either by paper and pencil or computerized adaptive testing administration). The functional status score is continuous and linear. Scores range from 0 (low function) to 100 (high function). The survey is standardized, and the scores are validated for the measurement of function for this population.

Patient's Functional Status Change Score – A functional status change score is calculated by subtracting the Patient's Functional Status Score at Admission from the Patient's Functional Status Score at Discharge.

Predicted Functional Status Change Score – Functional Status Change Scores for patients are risk adjusted using multiple linear regression methods that include the following independent variables: Patient's Functional Status Score at Admission, patient age, symptom acuity, surgical history, gender, number of co-morbidities, and level of fear-avoidance. The Patient's Functional Status Change Score is the dependent variable. The statistical regression produces a Risk-Adjusted Predicted Functional Status Change Score.

Risk-Adjusted Functional Status Change Residual Score – The difference between the raw non-risk-adjusted Patient's Functional Status Change Score and the Risk-Adjusted Predicted Functional Status Change Score (raw minus predicted) is the Risk-Adjusted Functional Status Change Residual Score, which is in the same units as the Patient's Functional Status Scores, and should be interpreted as the unit of functional status change different than predicted given the risk-adjustment variables of the patient being treated. As such, the Risk-Adjusted Residual Change Score represents Risk-Adjusted Change corrected for the level of severity of the patient. Risk-Adjusted Residual Change Scores of zero (0) or greater (>0) should be interpreted as functional status change scores that were predicted or better than predicted given the risk-adjustment variables of the patient, and risk-adjusted residual change scores less than zero (<0) should be interpreted as functional status change scores that were less than predicted given the risk-adjustment variables of the patient. Aggregated Risk-Adjusted Residual Scores allow meaningful comparisons amongst clinicians or clinics.

Not Eligible/Not Appropriate – A patient is <u>not</u> eligible if one or more of the following conditions exist:

- Patient refused to participate
- Patient unable to complete the questionnaire due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available
- Prior to conclusion of Plan of Care, intervention was interrupted or discontinued for any reason including by the referring physician, the provider, the payer or the patient, and attempts by the provider to complete a follow-up functional status survey near Discharge were unsuccessful.

<u>Numerator Options:</u>

Risk-Adjusted Functional Status Change Residual Score for the neck, cranium, mandible, thoracic spine, ribs or other general orthopedic impairment successfully calculated and the score was equal to zero (0) or greater than zero (>0) (G8671)

<u>OR</u>

Risk-Adjusted Functional Status Change Residual Score for the neck, cranium, mandible, thoracic spine, ribs or other general orthopedic impairment successfully calculated and the score was less than zero (<0) (G8672)

OR

Risk-Adjusted Functional Status Change Residual Scores for the neck, cranium, mandible, thoracic spine, ribs or other general orthopedic impairment not measured because the patient did not complete FOTO's Functional Intake on admission and/or follow up Status Survey near discharge, patient Not Eligible/Not Appropriate (G8673)

OR

Risk-Adjusted Functional Status Change Residual Scores for the neck, cranium, mandible, thoracic spine, ribs or other general orthopedic impairment not measured because the patient did not complete FOTO's Functional Intake on admission and/or follow up Status Survey near discharge, reason not specified (G8674)

RATIONALE:

Functional deficits are common in the general population and are costly to the individual, their family and society. Improved functional status has been associated with greater quality of life, self-efficacy, improved financial well-being and lower future medical costs. Improving functional status in people seeking rehabilitation has become a goal of the American Physical Therapy Association. Therefore, measuring change in functional status is important for providers treating patients in rehabilitation and can be used to assess the success of treatment and direct modification of treatment.

Change in functional status represents the activity domain of the International Classification of Function. If treatment is designed to improve the functional deficit, it is logical to assess functional status at discharge using a standardized score to determine if treatment improved the functional status of the patient over the treatment episode.

The National Quality Measures Clearinghouse has approved the measurement of change in functional status, using this survey. NQMC-0022.

CLINICAL RECOMMENDATION STATEMENTS:

The American Physical Therapy Association (APTA), in their *Guide to Physical Therapy Practice*, described five recommended elements of patient management: examination, evaluation, diagnosis, prognosis and intervention. The elements were intended to direct therapists in their approach to patient treatment for the purpose of optimizing patient outcomes. The APTA clearly indentifies functional status data as one of the major forms of data to be collected for patients receiving rehabilitation. The functional status measures should be used to assist in the planning, implementation and modification of treatment interventions and should be used as measures of outcomes. The current functional status scores can be used by therapists to fulfill the recommended methods of the APTA in the management of patients in rehabilitation.